

Revised 03/06 WDNY

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF NEW YORKFORM TO BE USED IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
(Prisoner Complaint Form)

All material filed in this Court is now available via the INTERNET. See Pro Se Privacy Notice for further information.

1. CAPTION OF ACTION

A. Full Name And Prisoner Number of Plaintiff: NOTE: If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization or the only plaintiff to be considered will be the plaintiff who filed an application and Authorization.

1. Christopher Sacco 1510709743

2. \_\_\_\_\_

-VS-

B. Full Name(s) of Defendant(s) NOTE: Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.

1. Niagara County Sheriff Department 4. SARGENT WEAVER  
2. Town of Lockport 5. ~~Sgt~~ C.O. Woodburne  
3. Sheriff Micheal Felcetti 6. SARGENT KRATIS

2. STATEMENT OF JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION NOTE: To list additional plaintiffs, use this format on another sheet of paper.

Name and Prisoner Number of Plaintiff: Christopher Sacco 1510709743

Present Place of Confinement & Address: NIAGARA County Correctional Facility P.O. Box 496 Lockport, New York 14095

Name and Prisoner Number of Plaintiff: \_\_\_\_\_

Present Place of Confinement & Address: \_\_\_\_\_

**A. FIRST CLAIM:** On (date of the incident) May 17<sup>th</sup> 2024

defendant (give the **name and position held** of **each defendant** involved in this incident) NIAGARA County Sheriff Department. Sheriff Michael Felecetti

did the following to me (briefly state what each defendant named above did): On May 17<sup>th</sup> 2024 while I was in the IPO holding tank's an inmate in the cell next to me overdosed and upon this the entire IPO was searched and they discovered a piece of Plastic Wraps from a sandwich they gave me and I was given a misbehavior report and criminally charged in Town of Lockport with 1<sup>st</sup> degree promoting Prison Contraband and placed in solitary confinement, and they withheld my prescribed medication for approximately 2 weeks in which time I became extremely ill.

The constitutional basis for this claim under 42 U.S.C. § 1983 is: Malicious prosecution, cruel and unusual punishment, and abuse of power

The relief I am seeking for this claim is (briefly state the relief sought): Monetary Value yet to be determined

**Exhaustion of Your Administrative Remedies for this Claim:**

Did you grieve or appeal this claim? ☐ Yes ☐ No If yes, what was the result? \_\_\_\_\_

Did you appeal that decision? ☐ Yes ☐ No If yes, what was the result? \_\_\_\_\_

*Attach copies of any documents that indicate that you have exhausted this claim.*

If you did not exhaust your administrative remedies, state why you did not do so: \_\_\_\_\_

**A. SECOND CLAIM:** On (date of the incident) \_\_\_\_\_

defendant (give the **name and position held** of **each defendant** involved in this incident) \_\_\_\_\_

did the following to me (briefly state what each defendant named above did):

I was strip searched and placed in solitary confinement and charged in criminal Court, and I was denied my prescribed medication for an excessive period of time, and I became extremely ill and suffered extreme physical and mental trauma and was discriminated and stereotyped by various officers through out this entire facility

The constitutional basis for this claim under 42 U.S.C. § 1983 is:

Malicious prosecution, cruel and unusual punishment, improper individualization

The relief I am seeking for this claim is (briefly state the relief sought):

Monetary amount undetermined at this time

#### Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? ☒ Yes ☐ No If yes, what was the result? No response

Did you appeal that decision? ☒ Yes ☐ No If yes, what was the result? Non compliance

*Attach copies of any documents that indicate that you have exhausted this claim.*

If you did not exhaust your administrative remedies, state why you did not do so:

because I'm in fear of my safety and my freedom. Retaliation

If you have additional claims, use the above format and set them out on additional sheets of paper.

#### 6. RELIEF SOUGHT

*Summarize the relief requested by you in each statement of claim above.*

I'm requesting an Monetary amount of money yet to be determined

Do you want a jury trial? Yes ☒ No ☐

## SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF

NIAGARA

X

In the Matter of the Claim of

CHRISTOPHER SACCO

- against -

## NOTICE OF CLAIM

☐ Village ☒ Town ☐ City ☐ County ofLOCKPORT

X

TO: ☐ Village ☐ Town ☐ City ☒ County ofNIAGARA

PLEASE TAKE NOTICE that the claimant herein hereby makes claim and demand against you as follows:

1. The name and post-office address of the claimant and of his/her attorney is:

ClaimantClaimant's AttorneyCHRISTOPHER SACCO

2. The nature of the claim:

While being searched in IPO because another inmate overdosed I WAS found to be in possession of plastic wrap from my sandwich AND I WAS ISSUED A behavior Report, thrown in solitary confinement, AND charge in Town of Lockport Court with 1st possession of Prison contraband AND I WAS denied my prescribe medication for approximately 2 weeks when they ready and available.

3. The time when, the place where and the manner in which the claim arose: The incident occurred on May 17, 2024 at or about 9 ☒ a.m. ☐ p.m.,

IN IPO IN NIAGARA COUNTY CORRECTIONAL FACILITY I WAS IN THE holding cell AREA OF the jail and there WAS AN INCIDENT IN the holding cell NEXT to the one I WAS IN WERE ANOTHER INMATE overdosed AND they began searching all the inmate and while doing so

4. The items of damage or injuries claimed are: they found me in possession of plastic wrap.

That said claim and demand is hereby presented for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

Sworn to before me  
on November 24, 2024

Scott K Mendola

SCOTT K. MENDOLA  
Notary Public, State of New York  
No. 01ME6052954

Qualified in Niagara County  
My Commission Expires December 26, 2026

X Chris Sacco  
CHRIS SACCO

## SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF

Niagara X

In the Matter of the Claim of

Christopher Sacco

- against-

## NOTICE OF CLAIM

☐ Village ☒ Town ☐ City ☐ County ofLockport XTO: ☐ Village ☐ Town ☐ City ☒ County of Niagara

PLEASE TAKE NOTICE that the claimant herein hereby makes claim and demand against you as follows:

1. The name and post-office address of the claimant and of his/her attorney is:

ClaimantClaimant's AttorneyChristopher Sacco

2. The nature of the claim:

While being searched in IPO because another inmate overdosed I was found to be in possession of Plastic Wrap from my sandwich and I was issued a behavior report, thrown in solitary confinement, and charged in Town of Lockport Court with 1<sup>st</sup> degree promoting prison contraband and I was denied my prescribed medication for approximately 2 weeks when they were ready and available.

3. The time when, the place where and the manner in which the claim arose: The incident occurred on
- May 17
- , 20
- 24
- , at or about
- 9
- ☒
- a.m.
- ☐
- p.m.,

In IPO in Niagara County Jail, I was in the holding cell area of the jail and there was an incident in the next cell where an inmate overdosed, and they began searching and found me in possession of Plastic wrap from my lunch sandwich. And I was charged in

4. The items of damage or injuries claimed are:
- Criminal Court also I was denied Meds.

That said claim and demand is hereby presented for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.



Chris Sacco  
PO Box 496  
Depew, New York  
14044

BUFFALO NY 140  
27 DEC 2024 PM 2 L



United States District Court  
2 Niagara Square  
Buffalo, New York  
14202



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